

Employee Information

Dept/Office/Section/Unit: _____	Employee Personnel #: _____
Employee Name: _____	Performance Year: _____
Employee Title: _____	Evaluation Period: _____

Overall Evaluation:

(Select only one evaluation)

☐ Exceptional☐ Successful☐ Needs Improvement/Unsuccessful☐ Not Evaluated☐ Unrated - If Unrated, select sub-category:☐ Never Rendered☐ Untimely☐ Violation of Chapter 10

Planning Session (7/1 – 9/30)	Evaluation Session (7/1 – 8/31)
Date the Planning Session was Conducted: _____	Date the Evaluation Session was Conducted: _____
Second Level Evaluator Signature: _____	Delivery: <input type="checkbox"/> Hand <input type="checkbox"/> Mail
Personnel #: _____ Date: _____	Second Level Evaluator Signature: _____
Evaluating Supervisor Signature: _____	Personnel #: _____ Date: _____
Personnel #: _____ Date: _____	Evaluating Supervisor Signature: _____
Employee Signature: _____ Date: _____	Personnel #: _____ Date: _____
Employee Signature: _____ Date: _____	Employee Signature: _____ Date: _____
Interim Discussions (optional)	
Date: _____ Employee/Supv Initials: _____	Employee Statement: <input type="checkbox"/> I have received a copy of the evaluation and understand that failure to sign will not prohibit the evaluation from becoming official for the performance year.
Date: _____ Employee/Supv Initials: _____	

Human Resources Office Use Only

Date Planning Received in Human Resources: _____	Human Resources Staff Initial: _____
Date Evaluation Received in Human Resources: _____	Human Resources Staff Initial: _____

Employee Name:

Employee Personnel #:

Agency Mission / Goals / Standards:

Department Mission / Goals:

Work and Behavior Expectations (at least one each):

[Bank of Expectations](#)

Documentation / Comments (attach supporting documentation):